

**MEETING MINUTES**  
**STATE CONSUMER AND FAMILY ADVISORY COMMITTEE**  
**April 13, 2006**

**Present:** Jere Annis, Carl Britton-Watkins, Terry Burgess, Zack Commander, Bill Cook, Ron Huber, Ron Kendrick, Dorothy O’Neal, Ellen Perry, Barbara Richards, Andrea Stevens, David Taylor and Amelia Thorpe.

**Absent:** Pete Clary, Matthew Elliott, Ed Masters and Bev Stone.

**DMH/DD/SAS Staff Present:** Rebecca Carina, Cathy Kocian, Ann Remington, Jesse Sowa, Glenda Stokes and Leza Wainwright.

**Guests:** Kent Earnhardt, Carolyn Privott, Gerri Smith and Judy Taylor.

**1. Welcome and Introductions**

- ◆ The meeting was called to order at 9:30 A.M.
- ◆ The Chair opened the meeting and welcomed the attendees. New SCFAC member David Taylor was congratulated on his recent appointment to the SCFAC.

**2. Approval of Agenda and Minutes**

- ◆ The meeting agenda was approved with changes.
- ◆ The January 2006 meeting minutes were approved with changes.
- ◆ The February 2006 meeting minutes were approved with changes.
- ◆ The March 2006 meeting minutes were approved with changes.

**3. Mental Health Commission Meeting**

- ◆ The SCFAC Chair attended the Mental Health Commission meeting in Raleigh on Wednesday, April 12, 2006, and presented a brief overview of the meeting. The SCFAC Chair said the Commission intends to work with the DHHS Secretary and the Legislative Oversight Committee (LOC) to support LOC recommendations to the General Assembly for increased funding for MH/DD/SAS in N.C. The SCFAC members decided to draft a letter in support of the LOC recommendations for additional funding.

**4. Legislative Awareness Day**

- ◆ SCFAC members discussed the possibility of holding an Advocacy Rally in each member’s respective community focusing on “*The awareness of the funding needs for MH/DD/SA services.*” There was discussion of collaboration with other organizations to sponsor this event.
- ◆ The committee decided that they would develop an operations plan to make it possible to hold an Advocacy Rally in each SCFAC member’s local community. Sub-committee members consist of Dorothy O’Neal, Andrea Stevens, and Amelia Thorpe.

**5. Division Update**

- ◆ Leza Wainwright, Deputy Director, reviewed the draft Legislative Oversight Committee (LOC) Proposals:
  - State Funding for MH/DD/SA Services and Funding Allocations,
  - Building Community Capacity/Financing Reform,

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- Facility-based and Non-Facility based Crisis Services,
  - Department of Health and Human Service/Division of MH/DD/SAS,
  - LMEs,
  - Consumers and
  - Providers.
- ◆ The changes suggested for Consumers include:
    - Codify local CFACs. Clarify and focus their roles and responsibilities. Specify the staff assistance that LMEs must provide to them.
    - Codify the State CFAC. Provide that of the 21 members, 11 shall be appointed by the Secretary, 3 by the President Pro Tempore, 3 by the Speaker of the House of Representatives, 2 by the Council of Community Programs and 2 by the Association of County Commissioners.
    - Appropriate \$1,200,000 (recurring) to implement the MH/DD/SA Consumer Advocacy Program (Article 1A of Chapter 122C) as enacted in 2001.
  - ◆ SCFAC members inquired as to how Value Options was selected to provide Medicaid Utilization Review (UR) across the state. Ms. Wainwright distributed the April 6, 2006 Utilization Review and After-Hours Screening, Triage and Referral Memo from the Secretary. Discussion included background information including the fact that Value Options has operated in North Carolina since 2001, performing UR functions for Medicaid, Health Choice and the behavioral health benefit of the State Employees Health Plan. Ms. Wainwright explained that despite the LMEs' willingness to submit proposals on three different occasions, no one was given final approval to do the Utilization Review (UR) and Screening, Triage and Referral (STR). She mentioned that some LMEs were given conditional approval but that there were existing conditions that needed to be corrected. After careful review and consideration, the Secretary felt that Utilization Review needed to be consistent across the state and it would be best performed by Value Options. The contract with Value Options is a three year contract that will help ensure the statewide consistency in UR called for in Federal Medicaid regulations. SCFAC members agreed that utilizing Value Options for UR will allow for independent objective decisions to be made which in turn will create consistency in approval of services across the state.
  - ◆ In response to a question about CAP, Leza said that client CAP reviews are conducted annually and the consumer's date of birth will be used as the reference point for the review date. If any changes need to be made to the Person Centered Plan, this is the time that those changes should be made.
  - ◆ Ms. Wainwright told the committee that there is a communication coming from the Division today regarding Mental Health Trust Fund (MHTF) dollars available to private not-for-profit providers to help build community capacity. Detailed information can be found at [www.dhhs.state.nc.us/mhddsas/announce/index.htm](http://www.dhhs.state.nc.us/mhddsas/announce/index.htm). The current cash balance in the Mental Health Trust Fund is \$23,296,941.00 per the Office of State Budget & Management.
  - ◆ The Department of Health and Human Services (DHHS) staff have completed a review and made recommendations to the Secretary's LME Service Delivery Waiver Review Panel regarding LMEs that requested to provide one or more of the new enhanced MH/DD/SA services. A list of the LMEs approved to provide certain services on a time-limited basis was distributed to SCFAC members.

## 6. ELT Updates

- ◆ Barbara Richards attended the February 28, 2006 ELT meeting. Topics included information on LME provider endorsements and enrollments, LME Performance Measures that are currently under development and the fact that ELT reviewed the draft DHHS mission statement and found no conflicts with the Division mission statement. The SCFAC briefly discussed the best way to provide input to the Division regarding LME performance measures and the LME Provider Profiles. The SCFAC sub-committee consisting of Jere Annis, Terry Burgess, Zach Commander and Dorothy O'Neal will be working with Division staff to address issues and provide feedback to the Division. Jere Annis stated that he would move forward with contacting Division staff in order to have information together for the May SCFAC meeting.
- ◆ Zack Commander attended the March 28, 2006 ELT meeting. There was continued discussion on the progress of LME endorsement of providers. Zack reported that the Governor signed an executive order to enact the Child Residential rules (for Group Homes) that will be implemented April 3, 2006. During the ELT meeting, Mike Moseley informed the staff that the Secretary has been meeting and talking with Legislative delegations across the state about DHHS needs. The majority of feedback that the Secretary has received is about MH/DD/SAS issues. Therefore, Mike Moseley will be touring the state to meet with LME staff and stakeholders to get their input related to progress, barriers and concerns. Zack also informed the committee that Steve Hairston, Chief of Operations Support section, presented a draft endorsement appeals policy. This policy outlines the appeals process for a provider whose endorsement by an LME has been denied or withdrawn or for an LME whose endorsement has been denied or withdrawn by DMH/DD/SAS. Providers must first exhaust the reconsideration process at the LME before appealing to the Division. ELT reviewed this policy and made suggested edits which Steve will incorporate into the policy. Shealy Thompson, Quality Management Team Leader, presented on the progress of the Provider Performance Reports Project. The purpose of this project is to develop measures, standards and guidelines for evaluating the performance of MH/DD/SAS provider agencies. Shealy provided a handout detailing the project's objectives, the progress on the objectives to date and what remained to be done in order to complete the objectives and the project. Steve also handed out and ELT discussed the draft NCI (North Carolina Interventions) manual. NCI is a standardized training program created and supported by the Division and deals with training staff to effectively handle client crises, including methods to prevent and control these situations if aggression should occur. Staff (especially State Facility staff) will review and make suggested edits to the manual. Mike Lancaster, Chief of Clinical Policy, discussed efforts and strategies related to the recruitment and retention of medical doctors (MDs) for the state facilities. Mike Lancaster also noted that there is a need in the provider community to understand the consumer flow (how decisions are made) for new services approved in our service system. There will be provider training across the state in April and May at four locations in which this will be presented. Mike also proposed creating a DVD training for the web that can be accessed by consumers and providers which would explain this process in more consumer-friendly language. This was agreed upon by the ELT. Flo Stein, Chief of Community Policy Management Section, presented on the North Carolina Problem Gambling

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Helpline which has been created in her section. The toll free number for this resource is 1-877-718-5543.

## **7. Evidenced-Based Best Practices**

- ◆ Barbara Richards gave a final report from her sub-committee regarding Best Practice Recommendations. Over the past eight months, this sub-committee has reviewed the general content and layout of the SAMHSA toolkits with the exception of Medication Management which has now been removed. The sub-committee makes the following recommendations regarding the toolkits (composed by Barbara Richards):

### “General recommendations:

- a. *New videos,*
- b. *Education about EBP, emerging best practices and promising best practices for consumers, local CFACs, LME staff, LME Boards and providers,*
- c. *Periodic survey on awareness and understanding,*
- d. *Develop Consumer Toolkits including workbook and reference material for each disability group-youth and adult,*
- e. *After review of clinical workbooks by impartial clinicians (although clear and understandable, they are very basic) recommend that these be re-done with TIPS formula application. Adding that toolkit #1 and ACTT Clinician workbooks are more extensively detailed.*

### Substance Abuse:

- a. *The sub-committee would prefer to have language used that reflects “urge or reinforce” versus terms like “persuasion.”*
- b. *Continued funding for “Campaign on Education, Prevention and Stigma.”*
- c. *Develop a step-by-step process for national, state and local levels addressing the need to establish new or increased funding.*
- d. *Develop new services such as assisted employment and financial supports while unable to work.*

### DD model and CAP:

- a. *Improvements need to be made in the area of understanding basic needs such as the consumer’s diagnosis, program information, crisis planning, funding stream/programs that are being served, communication and coordinating the needs of consumers.*
- b. *The CAP manual has some loopholes that Utilization Management could use to deny services because a client reads one thing and UR interprets it differently. The manual needs to be condensed and clarification provided regarding interpretation of available services.*

### Other recommendations include:

- a. *All of these evidenced-based best practices have to have consistent fidelity scale monitoring (feedback) for any true sense of how successful they will be.*
- b. *LMEs and providers will be essential in the implementation of these practices.*
- c. *It is suggested that a quarterly newsletter on best practices be produced consisting of the most asked questions and other system education for consumers and stakeholders. This is needed to decrease barriers to change so that the concept of best practices may be embraced.*
- d. *The federal and state best practice lists need to be made available to all LME’s, Boards, providers, CFACs and Client Rights Committees.*
- e. *Legislative changes are needed to require each county to provide a minimum amount of funding based on population to even the service score across the*

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*board to prevent inadequate services in areas that are not currently contributing funds.*

- f. Trainings/workshops similar to past Division audio teleconferences need to be done and followed up by surveys.*
- g. Develop better strategies and enhanced programs for youth services.*
- h. It is imperative that providers and clinicians are held accountable to evidence-based best practices if these are going to be effective.”*

Carl Britton-Watkins will draft a letter supporting the use of the toolkits, evidence-based best practices and the recommendations suggested by the sub-committee and SCFAC. The goal is to review the letter during the SCFAC May 2006 meeting.

#### **8. SCFAC 2006 Nominating Committee**

- ◆ The 2006 nominating committee consists of Ron Huber, Terry Burgess, Zack Commander and Jere Annis. The Committee will give a report at the SCFAC May 2006 meeting identifying the interested candidates for the position of SCFAC Chair and Vice Chair to be elected at the June 2006 meeting.

#### **9. SCFAC Vice Chair Vacancy**

- ◆ The election of officers is going to take place at the June 2006 meeting. Therefore, it was decided that no vice chair will be elected at this time.

#### **10. State Plan 2006 Draft**

Rebecca Carina, Team Leader of the Planning Team, presented to the committee parts of the draft of State Plan 2006.

- ◆ The Goal: What is important to Consumers.
- ◆ The Job of the Division: Provide what is important for consumers in their communities.
- ◆ The SCFAC reviewed a draft of State Plan 2006, Chapter II, The Mature System. The guiding principles discussed were:
  - a. Participant driven,
  - b. Community based,
  - c. Prevention focused,
  - d. Recovery outcome oriented,
  - e. Reflect best treatment/support practices and
  - f. Cost effective.
- ◆ In the draft, six stakeholder groups were identified as having one or more roles in achieving the vision and successful system performance. The following list defines the stakeholders and all are linked by the guiding principles:
  - 1. NC Legislature representing the NC general public statutes and funding.
  - 2. NC Government (DHHS, DMH/DD/SAS, DMA, DFS & other state agencies), Universities and Research Organizations.
  - 3. Community includes LMEs, Local Governments, NC Council of Community Programs, Schools, Hospitals, Police, Churches, other agencies and community organizations.
  - 4. Participants include adults, families and children, advocates and advocacy organizations.

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5. MH/DD/SAS Providers is composed of professional organizations, AHECs, community and technical colleges.
6. National includes federal agencies, national organizations standards and funding.

Members provided feedback to Rebecca on terminology and the importance of various perspectives such as the importance of community, self-determination, LME responsiveness, contingency planning for funding, natural supports, distribution of state funds. The Draft State Plan 2006 will be posted on the web April 29, 2006. There will be a 45 day public comment period available prior to the final document being posted.

#### **11. Complaint Response System**

Glenda Stokes, Advocacy and Customer Service Section, provided an overview of the Complaint Response System. The purpose of this report is to allow LME staff to log complaints received in an effort to monitor and improve the quality of services. The LME will be responsible for submitting a quarterly report to the Division.

- ◆ The five stages of the Complaint Response System include:
  - a. Data Collection Form,
  - b. Guidelines for completing the Data Collection Form and LME Quarterly Report,
  - c. LME Quarterly Report,
  - d. Quarterly Report Instruction Sheet and
  - e. DMH/DD/SAS Report.
- ◆ The Division will compile a final report consisting of all LME data. This final report will be posted on the Division website.
- ◆ The Final Draft of the Complaint Response System will be posted on the Division web site for a 45 day public comment period.

#### **12. Next Meeting**

- ◆ The next meeting is scheduled for May 11, 2006, from 9:30 A.M. – 3:30 P.M. and will be held at the Dorothea Dix Hospital Campus in the Royster Building in Room 116.

#### **13. May 2006 Meeting Agenda**

- ◆ Approval of the Agenda.
- ◆ Approval of the April meeting minutes.
- ◆ ELT Update.
- ◆ Division Update.
- ◆ Discussion of June 2006 Meeting Agenda.

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